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ORIGINAL ARTICLES.

President's Address.

By GEO. W. HOGEBOOM, M.D.

Read before the Kansas State Medical Society, in Atchison, May 3, 1894.

Members of the Kansas State Medical Society: The records of the meetings of this body disclose that it has been customary for the president of the association to deliver, by way of annual address, a paper on some technical subject related to the practice of the profession. While such theses and monographs delivered at the annual meetings may be made both interesting and valuable to the members in attendance, it has seemed to me more fitting for the president of the association to discuss topics of general interest, relating to the practice and general promotion of the welfare and advancement of the profession at large. Even if I had the time or inclination to produce some dissertation upon a technical subject related to our calling that would be worthy the attention of so intelligent and experienced body of medical men as this, it would seem to me that I had omitted the chief duty of a presiding officer. In Congress, it is in order at times for the members to arise and address the presiding officer upon the good of the country, in which the widest latitude is permitted, no special question being under consideration. So, here, I deem it the especial duty of the president at the annual meeting to direct his remarks to the good of the profession at large, and more particularly the profession as represented by the members of this association.

In these days, when the means of communication are so widespread and easy, when well-edited medical journals abound, when the progress of the profession in all its branches is currently reported and kept up to date, the interchange of experiences upon occasions of this sort is not so essential or important as it once was. I do not want to be understood as disparaging in any sense the true value of this feature of medical associations. They would be justified in any event as a mere social gathering for the promotion of professional fraternity and good will.

The duty of every practitioner is threefold: First, to himself as regards his individual probity and the conscientious discharge of duty; second, to the community in which he lives and works, which measures his personal worth and merit; third, to the world at large in jealously guarding the dignity and esteem of the art and science which he professes, and preserving it from occasion for just popular criticism and reproach.

Every learned profession is subject to popular prejudice. The skill and learning of individuals vary. Differences of theory inevitably arise in every profession calling for judgment and opinion. The extreme view would hold every theologian to be a hypocrite, every lawyer to be a rogue, and every doctor to be a quack, because, forsooth, theology is founded upon faith, the lawyer occasionally defends a rascal in court and sustains a losing cause, and doctors are often unable to agree as to what ails a sick man. Yet, speaking of our own calling, we all here present know its supreme usefulness, its great sincerity, its constant and unremitting adherence to truth as it finds it.

The medical profession is empirical only in the sense that all scientific pursuit is empirical, but it is the true empiricism—starting from the basis of absolute knowledge and trying all things and holding fast to that which is good. Whatever reproach may have rested upon the medical science in the past for a stubborn adherence to mere tradition and ideas and theories, there can be no doubt of its recent rapid advancement, and this advancement is strictly upon scientific lines. If any criticism can now be entertained, it is not that we are going ahead too slowly, but that, enraptured with new ideas, stimulated by new and pregnant suggestions and discoveries, we may not be conservative enough. What with antiseptic surgery, the enlarged domain of chemistry, the manifold uses of electricity and the marvelous revelations of the microscope, we seem to have attached a new and firm continent to the domain of medical science within the last quarter of a century.

One of the most marked results, although an entirely natural one, of this rapid advancement is the specializing of the profession into many exclusive subdivisions of practice. This has its obvious advantages in producing specific and desirable results, but it is also an element and source of great danger. There are specialists and specialists, the worthiest being those whose special knowledge is superimposed upon a basis of the widest professional learning and attainments.

It is obvious that special knowledge, to be otherwise than dangerous in its influence upon the profession, must be soundly related to an accurate general knowledge of physiology, pathology and anatomy. Skill in special diagnosis should be supplemented by general power as a diagnostician; and every specialist is liable to do more harm than good who is not an all round, intelligent, thoroughly informed medical practitioner. Given such a man, plus that integrity which should form the basis of medical character, and a devotion to skill and accuracy in a special practice is of the highest benefit to society. Without the element of broad and well-grounded medical education, and without a conscientious sense of duty, specialism may lead to the most dangerous and nefarious quackery.

The attitude of the laymen toward the profession is undeniably in favor of mystery and miracle-working. The temptation to work this rich placer for what there is in it is, in these days of money-getting and money-worship, very hard to resist. If societies like this have any reason for being, it is this: by their influence and such discipline as they may be able to enforce to prevent the members of the profession from falling before such temptations, and to place them without the pale if they yield. It is not enough for a doctor in his own private practice to be conscientious in the observance of the ethics of his profession, although that is absolutely essential. He should, through associations like this, aid in the establishment of a moral standard. He owes it to the public which is benefited by and which sustains the profession; he owes it to the profession itself, which has honored him with a degree and which has conferred upon him the learning and skill to practice his beneficent vocation—the greatest and most honored, I believe, among men.

I do not desire to be understood as invoking the exercise of a narrow and censorious disposition. I believe that the Code of Ethics of the American Medical Association, which we have adopted and which is binding upon us individually, should in many important respects be amended, and in some degree liberalized. We, here present, claim to represent the healing art traditionally from the days of Hippocrates and Galen to the present. There is no fragment of knowledge which might aid our skill which is not extant and to be acquired by the profession as represented by us. This is our claim. We assert that we are the recipients of the knowledge and wisdom and experience of centuries of time for the amelioration of human suffering and curing the body of its ills. If our claim be well founded—and I assume that no one here will be heard to deny it—then we have nothing to fear from the contact of the socalled schools of medi-

cine which reject or disregard the vast body of this accumulated knowledge and believe in the universal efficacy of a narrow principle. If the related sciences which comprise the medical art be founded upon truth and exact knowledge, and we have acquired them, we should be ever ready to vindicate them in practice. The true test of medical skill and science, and the only one which will sustain and justify its votaries, must be made at the bedside.

The Code of Ethics, which is made a law unto us in Kansas, forbids that we should go into consultation with homeopathists or with the socalled eclectic practitioner. I am convinced that the thick and thin adherence to this rule has done more to promote popular sympathy for and, as a result, popular faith in these socalled schools than all other things put together. They say that our objection to meeting them comes from fear; that we dare not illustrate our theory or assert our diagnosis, or make or permit a comparison of results to be made. The layman is not to be blamed for accepting this explanation as reasonable and true. His argument may be shaped in this way: "If your medical knowledge is as you claim it, the last word of science, is universal, is based upon immemorial experience and sound and thoroughly tested knowledge, you should be willing when called upon to employ it for the relief and cure of your fellow man. If it be all you claim it to be, it is easy for you to confute one who attempts to practice in disregard of it. Either your prejudices are so narrow and your disposition so cruel that you will allow your fellow man to languish and die upon a point of etiquette, or you dare not meet your homeopathic adversary at the bedside and give evidence of your skill and knowledge." The best way to prevent the encroaching of socalled schools into the favor of the people, and to establish confidence and respect for professional orthodoxy is to meet them, if the patient shall so desire, in practice. I believe the Code of Ethics should be so amended as to allow a question of this sort to be settled by the individual judgment of the practitioner.

I have heretofore called attention to the danger of modern specialism, and its large and easy rewards which incline the profession either to laxity of conduct or to money-making quackery. I desire to advert briefly to that general subject, and deem it proper to refer to special instances which readily occur to the members of this society, and first as to the "Keeley Cure."

The rise and rapid growth of this socalled "cure" are familiar to all here present. We need not enlarge upon the claims that are made for the cure, nor analyze or prove the results published and persistently claimed for it. It is sufficient to say that the propagation of faith in the cure, its use and administration, violate the most important and fundamental canon of medical ethics. The law invaded by this socalled "cure" is the most essential and obligatory that rests upon the practicing physician. If the profession may give in its adherence to Dr. Keeley's methods, and aid in their continued application, then there can be no reason why the ban of professional condemnation should be put upon any form of money-getting quackery. Assuming the truth of Dr. Keeley's claim, that he has found a specific which administered hypodermically will instantly cure alcoholism, and assuming that the nature of the disease sought to be cured justifies secrecy, the method of its administration cannot but meet the condemnation of any intelligent body of physicians. It is incredible that an agency so potent as to instantly arrest the fixed alcohol habit should be administered without careful reference to the physical condition of the patient, and yet do no possible harm. It is within the knowledge of all that patients are received, placed under the care of subordinates from whom the nature of the remedy administered is concealed, and stood in line and treated identically.

Furthermore, it is well known that individuals having no connection with the profession, form money making partnerships with Dr. Keeley and establish branches for the administration of this "cure" in different parts of the country, the sole object of these partners being to make as much out of it as they can within the shortest possible

time. The socalled statistics of the results of the application of the injected fluid are kept by those who administer and profit by the system. We are assured and understand that Dr. Keeley is a capable and educated physician, and that he holds a degree from a reputable medical college.

I need not say, to the credit of the medical profession, that the instances are rare where any regular physician making claim to a therapeutic discovery has not given the widest publicity to it for the use of the profession and the benefit of mankind.

Dr. Koch's lymph may be urged as a case in point similar to Keeley's, but in his defense it has always been claimed that the use of tuberculin was still in the experimental stage, and that he apprehended that more harm than good might result from its premature publication. But even giving him the benefit of that excuse, his splendid reputation has been seriously impaired by that episode in his career.

Another widely advertised congeries of secret nostrums is the socalled "Chemical Treatment for Consumption," said to be prepared from the formula of one Dr. W. R. Amick, of Cincinnati, which formula, if of any merit, is sedulously concealed from the profession. We are given to understand that this Dr. Amick and his coadjutor, Dr. Marion L. Amick, are regularly graduated physicians, and an amusing effort is made to bring this socalled chemical treatment within the ligitimate pale by asserting that it is only dispensed by physicians, and will only be sold by physicians. It passes belief that any reputable physician who should make a discovery tending to diminish the ravages of pulmonary diseases would not joyously and instantly give the same to suffering humanity by publishing it to the profession. The palpable hypocrisy of the claims made in the circular is ludicrous. The Amick Chemical Company who are the sole proprietaries of the socalled treatment issue a circular in which they say:

"Dr. Amick protests that anything more than a mere statement of his theory and an announcement that we are the sole compounders of the medicines comprising his treatment, is uncalled for and would prejudice his professional standing. We therefore omit all testimonials and matters of like nature which might be deemed unprofessional. If, however, the mere fact that the Amick treatment has been generally adopted by the medical profession is insufficient for any skeptic, we will send on special request any quantity of testimony from thousands of physicians now daily prescribing it."

Notwithstanding this virtuous refusal to publish testimonials after the fashion of patent medicines, nearly half of the book is devoted to just such pretended testimonials as to its efficacy.

It is the duty of the profession, both to itself and the public, to denounce secret preparations claiming remedial virtues. The Amick treatment is an adroit effort on the part of its inventors and projectors to make the physicians throughout the country partners in their duplicity. No one can tell whether the use of the Amick treatment will result in benefit or harm to a particular patient. Of course, in hopeless cases the tendency of physicians is to permit the patient to try anything he thinks will do him good. The widespread and ingenious advertisement of this treatment, acting upon this tendency of the profession, will result doubtless in large sales and corresponding profits to the proprietors. But it should be ever borne in mind that the success of this most questionable method of money making by anyone having a right to claim membership in the profession lowers its standard, impairs its moral force and incalculably injures the highest interests and welfare of humanity which it has in its keeping. There should be no extenuation of professional lapses of this sort. There is no justification for secrecy. It can result in no good to anybody or anything, except the exchequer of the unprincipled practitioner engaged in such a scheme.

In dealing with the question of special practice, I cannot refrain from a critical commentary upon the tendency of practitioners of gynecology. The progress of surgery, particularly in the last decade, result-

ing from approved appliances and the use of antiseptics, has a marked influence in increasing the number of surgical operations. In no branch of the profession does the temptation to use the knife seem so irresistible as in the special practice of gynecology. I do not want to be understood as ascribing improper motives to these specialists, but a predisposition to the use of the knife is plainly a growing tendency in that practice. I know a number of such practitioners and have a high regard for both their professional skill and probity, and feel all the more free in speaking officially on this general subject to urge a higher degree of conservatism in this respect. I believe a faith in the universal efficacy of surgery grows with its use, and should be carefully guarded and restrained by the influence of professional sentiment. Therapeutics is civilization; surgery is barbarism, The integrity of the body should be preserved. Elimination, amputation and emasculation should be resorted to only in cases of extreme necessity. When surgery is eminently necessary, there should be no hesitation in resorting to it, and special skill in accurate and speedy operation may be invaluable to the life and welfare of the patient; but a readiness to operate, born of facility and constant use, ought to be restrained by the general judgment of the profession.

The love of approbation is strong in the human race, and physicians are not altogether free from a desire for local fame. The reports which somehow or other, in spite of efforts to suppress them, get into the newspapers concerning the size and weight of tumors removed, or other delicate and dangerous operations, have sometimes the appearance of being inspired either by the surgeon or his friends. Skill and deftness in surgery have very much more of a glamour to the laity than a patient effort, however successful, to avoid the necessity of a resort to it by the use of medicaments. The Almighty did not create the human form divine to be mutilated in any of its parts. Our studies in college, and our experience and knowledge in practice, should inspire us with awe for the wonderful symmetry and perfection of the human anatomy, and should restrain us from marring its perfection except under a sense of extreme duty.

The tendency of which I speak cannot have escaped the profession at large, and I am sure that all will agree with my view, even those whose overzeal and readiness in the use of surgery may have given rise to this criticism.

I am glad to say, brethren, that I believe the medical profession in Kansas comprises as high an order of professional knowledge and ability in its members as does any equal number of the profession in the United States. My duties of late years have afforded me excellent opportunities to make comparisons in this respect, and in no part of the country is the body of the profession more progressive, more receptive of new and sound ideas and principles, and more completely abreast with medical progress, than the physicians of Kansas.

Our state is still new, but in no society recently organized do I know one where the conditions are more stable, or the foundations for a staid and intelligent community are more securely laid. But a few years need to be added to our life as a state to give us all the elements of social and intellectual growth which now distinguish the older states of the Union. It will not be many years before all the appliances and environments which tend to the promotion of sound medical science will be established in our midst. It will not be many years until both humanity and science shall have the benefit of hospital structures and organizations which shall be permanently endowed and established upon lines made secure and lasting and subvented by all that experience and advanced knowledge can afford.

We have already established in our state a university which will continue to be one merely in name until instruction in all of the arts and sciences shall be freely afforded by it. The question is already before the medical profession of this state, and will soon be pressed upon the people generally, whether the time has not now come for the establishment of a medical department in the State University. I believe that we are now ready

for the establishment of such a department, and that it should not be longer delayed. It should be laid upon broad foundations, and should afford instruction not only in the practice of medicine and the art of surgery, but should furnish that thorough and complete scientific education in all collateral branches of knowledge which tend to strengthen and make symmetrical the highest medical training. As soon as there shall be a concerted and intelligent scheme proposed by the profession in Kansas, I am quite sure that the people of the state who are most deeply interested in it will concede the means for the establishment of this branch of university education.

The medical department of university training in Kansas should be devised in a broad and liberal spirit, and its aim from the beginning should be to make provision for a literary and scientific training not inferior to the best schools in the country. I believe that this can be done in Kansas, and if a right beginning is made, its graduates will be received and recognized as the equals in fundamental knowledge of those that eminate from the most famous schools in the large eastern cities.

I cannot conclude without suggesting the wisdom and necessity of a careful and intelligent revision of our laws relating to the status of medical practitioners in the state, and the prevention of unskillful and unauthorized persons from engaging in the practice. The law as it at present exists is cumbersome, inoperative and of doubtful constitutionality, as well as unwise. A law could be framed, simple and direct in its terms, which would limit the practice of medicine to those entitled by education and skill to engage in it. The legislature takes cognizance of the importance of preventing unauthorized persons, and persons without special knowledge and duly accredited by proper authority, from practicing law, but the interest of property and liberty involved in legal practice is as nothing compared to the higher interest of health and life involved in the safeguarding of medical practice. If the law may require a period of study and a certain standard of acquirement in one who practices the legal profession, it may do the same with reference to one who practices the medical profession. There should be a careful, intelligent and well conceived scheme of medical examination required by statute, as necessary and antecedent to the right to practice medicine in the state. If this association and the members of the profession generally in good standing should harmoniously agree upon such a scheme, and fairly and temperately present it, I believe it would be adopted by the legislature and could be enforced in this state.

In conclusion, I desire to express my gratification at the honor of being chosen to the position of president of this association. Many of its members I have known during a large period of my professional life. For all whom I here meet I shall continue to cherish a hearty and fraternal good-will. I trust that your deliberations at this meeting shall be both pleasant and profitable.

I thank you for your attention to the remarks which I have made.

Early Rising.

The old adage, "Early to bed and early to rise, makes a man healthy, wealthy, and wise," is nonsensical excepting so far as regularity is concerned. What a man needs is sleep. Eight or nine hours sleep regularly in the twenty-four hours is what the tired body requires for recuperation, and it matters not whether it is taken before or after midnight. There is no more virtue in the morning air to invigorate the body by exercise than to invigorate it by sweet slumber if the room is well ventilated. It is true when a man goes to bed a 9 P.M. he is rested by 6 A.M., and should get up. To lay and loll longer in bed, and yawn and twist and turn, is killing time and cultivating a bad habit and should be avoided. After eight hours sleep a man ordinarily becomes restless and should get up at the first awaking, and that is all there is to the early rising habit—regularity.

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Topeka, Kansas, Saturday, May 12, 1894.

The Convention.

We hope every physician in the state who is interested in the subject of medical legislation, will be on hand Tuesday, May 15. Arrangements have been made for addresses and papers on the subject, and we hope many plans may be suggested for securing what we want and need—an efficient medical practice act.

Tuberculosis in New York.

The Board of Health of New York city have sent out circulars to the physicians of the city, requesting that they report the name, address, sex and age of every person suffering from tuberculosis in the city, and in case of death they propose to see to the proper disinfection of the apartments. So far very good, but we hope they will go a little further and make registration compulsory. It seems also that some rules should be promulgated for the proper care and disinfection during the life of the invalid.

A GREAT deal is being written in medical journals and said in medical societies on the various gynecological procedures; in fact, from observation alone one would be inclined to believe that the practice of medicine was limited to diseases of women entirely. More than two-thirds of the entire time of the recent state meeting was devoted to the section of Gynecology and Obstetrics, and although there was a good program in the Surgical section and eight excellent papers were read, it was completed in a little over two hours. What is the explanation of this lack of interest in general subjects?

THE attendance at the State Society meeting was hardly as large as it should have been, and there was too little interest manifested in the last part of the program. Many excellent papers were passed over without any discussion. If the members will not remain in attendance longer than two days, the program should be much shorter than it usually is, so that plenty of time can be had for discussion of papers.

SEVERAL bills will be proposed at the convention, but probably the one which is most generally in accord with the wishes of the profession is almost a fac simile of the Illinois law.

A GOOD many new names were enrolled on the list of members of the State Society at Atchison.

Kansas Medical Society.

The twenty-eighth annual meeting of the Kansas Medical Society convened in Atchison Thursday, May 3. The first session was held at 2 o'clock P.M. in the Atchison Opera House. There was a good "first day" attendance.

An address of welcome by W. H. Wynn, Ph.D., D.D., of Midland College, occupied the first part of the program. The address was scholarly and was impressively delivered. It makes one feel a little regret, however, that the committee should give the inference, by always selecting a minister or a lawyer or a statesman, that there was no material among their own profession. The profession, however, came to the front in glowing colors with a response by Dr. H. S. Roberts, of Manhattan. We regret that we are unable to give the address in full, and lest we mar its beauty of expression and symmetry of thought, shall make no attempt to report the notes we made of it.

As is the custom in this society the president, Dr. Geo. W. Hogeboom, delivered the annual address. He reviewed in a very careful, thoughtful way the needs of the profession and the dangers of some of the prevailing customs. He said: The importance of such a meeting as this, is not so great as it once was. With the railroads and the telegraph interchange of thought does not depend upon the meeting of large bodies of people.

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The science of medicine is empirical only in the sense that all science is empirical. There can be no doubt about the advancement of medical knowledge upon purely scientific grounds. One of the most marked results of this advancement is the specialization into departments, and this may be a source of danger. Specialism, to be of service, must be founded upon a thorough knowledge of physiological laws and the laws of medicine. Every specialist should be a good "all-round" man. The ethics of the profession should be preserved, but there should be a revision of the national code of ethics. The provision of the code which prohibits counsel with other schools has done more toward their popularity than anything else.

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The propagation of Keeleyism and the use of the socalled cure violates one of the fundamental principles of professional ethics.

THE SECTION OF GENERAL MEDICINE convened, Dr. A. P. Tenney, chairman *pro tem.*, and Dr. S. G. Stewart, secretary *pro tem.*

LAVAGE OF THE STOMACH—By Dr. Ida Barnes: The secretions of the congested follicles of an inflamed mucous membrane form an impenetrable coat, preventing absorption and the action of digestive ferments. Lavage is indicated where there is an excess of mucus. Preparation—light diet, preferably liquid—a soft rubber tube; should have one or two assistants the first time; afterwards, if the stomach has been thoroughly washed, the patient will swallow the tube easily. Solution to be used: boiled water with sodium chloride ʒ j to the pint. The quantity to be used depends upon the comfort of the patient. When it becomes uncomfortable the siphon should be lowered and the fluid removed. Lavage is a modern treatment even for very young children.

Discussion—Lewis: This method has been used frequently for four or five years with success, but I think the author left the technique very indefinite. You should have help every time. Patient should be sitting on a high stool; the fluid should be held by an assistant also on a high stool. My patients always vomit with the tube in the stomach. I siphon the fluid out, but the patient also vomits out around the tube. Once a day is often enough, but that should be early in the morning. Have patient eat lightly at supper and give no nourishment for at least one hour after the operation.

Day: I have washed the stomach by allowing the patient to drink a few glasses of water every morning.

Stewart: I find lavage a great aid in the treatment of indigestion. After washing a few times it can be done without assistance, and the patient may do it themselves. The tube should not be annointed but left clean. Do not put the finger down, but pass the tube back and let the patient swallow it. The excitement has a great deal to do with the vomiting.

Barker: The use of the siphon is confined to cases where there are only fluids in the stomach. The solids may be removed with the pump, but with a rotary pump serious damage is liable to be produced.

Ward: I have had some personal experience with the tube. After several uses we found it caused a great deal of irritation. I found that swallowing the water and vomiting it up answered better than the use of the tube. Anyone can learn to swallow the tube.

Barnes: Where there is much mucus it will not pass through the tube and patients will vomit. Usually prescribe a liquid diet. I use a soft rubber siphon tube. Lavage is not indicated in every case.

INTERNATIONAL HEALTH CONGRESS—By J. B. Hibben, M.D.: Preventive medicine is the medicine of the future. Sanitation is the key to preventive medicine. During the last century or two the average life of man has been increased because of the average intelligence of the human race in civilized nations being higher, but it has not reached its possible limit. The doctor paid a most eloquent tribute to that great sanitarian, Gen. Benj. F. Butler, and the work he accomplished at New Orleans. He referred to the present prevalence of small-pox and the meager facilities for preventing the invasion of infectious diseases from foreign ports.

"In order to bring the matter before the public and the profession I would suggest that the following plan be pursued, to be changed or amended as the requirements of the case may demand, *viz:* that the society appoint a committee with power to act, consisting of the secretary of the State Board of Health and the corresponding secretary of the State Society, to communicate with the secretaries of the other state boards of health and the secretaries of the other state medical societies, asking them to bring before their respective bodies and to make such suggestions as they may see proper, and to appoint a like committee to that of ours to outline a plan of procedure; and also to bring the matter before their respective state and national legislatures, and for these committees to report their action to their respective state societies for their final action in the matter."

Discussion—Ward: In one city of Mexico the mortality has been 140,000 since 1861. There is no drainage and the mortality is due to the filth. I would suggest a committee be appointed.

Stewart. J. P.: As a member of the State Board of Health I wish to assent to the suggestion of a committee. It is best that some committee work should be done in connection with the Board of Health.

On motion by Dr. Minney a committee as suggested by the paper was appointed.

TRAUMATIC CEREBRAL HEMORRHAGE—A report of case and operation by Dr. D. R. Pelton: The principal point in the paper and the discussion was the localization of the lesion in the brain and the cause of death.

OBSTETRICS AND GYNECOLOGY.

CHAIRMAN'S ADDRESS—J. W. Felty, M.D.: Medical journals are full of successes in gynecological surgery. The failures would be more interesting and as instructive as the successes.

The author condemned the use of the uterine sound. "It is useless for any purpose but diagnosis, and nearly so for that. It causes disease and possibly death." He also condemned the indiscriminate use of dilators. "Long-continued treatment for ulcerated cervix indicates ignorance of uterine pathology. The condition is either the result of lacerated cervix or intra-uterine or ovarian disease, and treatment must be directed to these causes. If there is no intra-utarine or ovarian disease then surgical treatment, not iodine, is indicated. The operation of trachelorrhaphy should only be performed in uncomplicated cases."

SOME NERVOUS AND MENTAL RESULTS OF UTERINE DISEASE—By A. P. Tenney, M.D.: The doctor thought many cases of neuralgia of different regions were due to uterine affections. He reported cases of insanity following child-birth in which hospital care and local treatment for ten weeks resulted in a cure. Reported a number of cases of persistent neuralgia which had been relieved by a course of similar treatment. Also reported some cases of insanity supposed to be due to diseased uterus and appendages that had been cured by an operation for their removal.

Discussion—Cordier: The paper could be more intelligently discussed had the author gone into the pathology of the uterus causing these symptoms. Twenty per cent. of the cases of neuralgia is too many to be due to pelvic diseases. There is something more than neuralgia; there is pain from diseased or inflamed organs. I am opposed to removing any organs not diseased. These cured cases of insanity by operation have in the majority of cases returned.

Russell: I wish to ask Dr. Cordier if on examining these cases of insanity a pathological condition was found would he not expect improvement by the removal of these organs?

Cordier: Only by improving the general health of the patient—by building them up.

Tenney: Diseases of the womb are very familiar to anyone having much practice, and to have entered upon the pathology would have consumed much time. The cases reported were ulcerated os, ulcerated cervix and endometritis. There were no operations in any of the cases reported. Some were curetted and packed with gauze. Applications of iodine, carbolic acid and other forms of treatment were used as indicated.

PUERPERAL ECLAMPSIA—By Dr. Basham: This trouble is within the application of therapeutics. The treatment may be divided into prophylactic and curative. Albuminuria is the most important complication, and in this condition a milk diet should be persisted in. It gives better results than drugs. Pilocarpine is recommended in eclampsia.

Discussion—Russell: The treatment should be as far as possible to remove the cause. In cases where convulsions come on seven and a half or eight months after conception I find the only thing to do is to deliver. I have always done this if I got recoveries, and when I could deliver readily usually had recovery. Veratrum, in heroic doses if necessary, has the weight of authority and experience.

Lewis: I do not believe in giving heroic doses of veratrum. I do not believe in bringing on premature labor in every case. Have never seen a case die and have had as many as six in a year. Use catharsis, chloroform, veratrum, etc., and you can carry them to term and save both mother and child.

COMPLETE INVERSION OF UTERUS—By Geo. M. Gray, M.D.: Reported a case of complete inversion of eight months' standing. Age 24 years; married March, 1892, and confined July, 1893; tedious labor lasting 48 hours. Since this time she was confined to bed by debility from loss of blood. The placenta was retained till removed by the attendant. Following the expulsion of the placenta uterus was inverted. There was hemorrhage and continual loss of blood. After nine weeks a remaining part of placenta was removed, and from this time the hemorrhage recurred every four weeks. When admitted to the hospital she was exsanguinated. On examination found a tumor filling vagina and resting on floor of pelvis. No os could be detected. Packing with gauze and all attempts to reduce were unsuccessful. By tonics and general diet, douches and firm packing, there was some reduction in the size of the tumor. There was constant sloughing of mucous membrane. Finally etherized patient again and tried to reduce, but was unsuccessful, and determined to remove it. This was done by pulling down with volsellum and cutting; afterward ligating. No blood was lost. Packed with gauze. There was severe shock. Patient died 36 hours afterward from septic peritonitis as a result of septic material from the vagina.

Discussion—Ward: I have only seen one

case, that was soon after the accident had occurred, and it was easily reduced. It seems the delay in this case was the worst feature. I hardly see how the sepsis could have occurred from the vagina if the operation was done aseptically. The vagina could not be rendered clean and aseptic with carbolic acid, however.

Glasscock: I saw a case of inverted uterus in a cow. We ligated high up and removed the uterus with perfect recovery.

Gray: I have more confidence in a 5 per cent. solution of carbolic acid than in any mercury solution.

ABORTION—By Dr. H. H. Russell: Reported a case of twin pregnancy with abortion.

Discussion—Axtell: Had there been a little more diagnosis and less treatment it would have been better. I don't believe it right to leave a case where the fœtus has been dead for some time without curetting.

Sheldon: Long before the time this abortion took place he could have determined the condition present. That there was very little enlargement of the uterus with eight or ten pounds of fœtal matter is a condition I cannot understand. The doctor said he left a 5 per cent. solution of carbolic acid to be injected into the uterus. A nurse is not competent to do this.

Cordier: The possibility of an extra uterine pregnancy should have been eliminated in this case. The uterus should have been irrigated with a weak bichloride or sterilized solution before leaving the house, and should not have curetted.

Gray: In these cases of abortion with danger of infection I am in the habit of curetting and not irrigating. Irrigation will not bring away the septic material.

Hastings: I don't believe ergot should be given before the uterus is emptied.

Van Eman: I protest against the use of a curette in such cases as this. The first fœtus had evidently died some time before it was expelled, sufficient time for decomposition of the fœtus and placenta and nature had no doubt been able to wall off the septic matter. What then would be the result of curettment? Even if used ever so wisely you would disturb this barrier formed by nature. Unless by sense of touch I were able to detect tissue not belonging there and not removable by irrigation I might have used the curette.

Glasscock: From the fact tnat the placental forceps were used we may conclude that portions of tissue might be left, and I can see no better way of removing this than by the curette. I should have done so and followed by antiseptic irrigation.

Lawrence: Assuming that the patient had no fever I should have left the patient alone. There was no indication for curetting. Would always irrigate when I curetted, though I would in some cases irrigate alone.

Barker: When we have fever it indicates that nature is trying to get rid of the septic matter and irrigation and quinine are indicated. When there is bleeding it indicates something else, and the uterus should be curetted.

Barnes: Would first use the fingers and ascertain what was there.

Wright: Would it not have been better to use hot water than ergot?

Russell: I used the antiseptic solution before leaving the house, and left the nurse to use it in the vagina. There was a large pendulous abdomen, but we found no evidence of pregnancy. There had been no movement, and the woman did not believe she was pregnant. I diagnosed it tubal pregnancy. I attributed the lack of motion to the large amount of liquor amnii. I use the curette when I am satisfied portions of the placenta are retained.

INTESTINAL OBSTRUCTION—A paper by Dr. A. H. Cordier, with report of case.

Discussion—Geiger: Obstruction by substances other than fœcal matter causes absorption of septic material and a lowering of the vitality of the mucous membrane and exfoliation. There is a characteristic distinction between acute and chronic obstruction.

Binnie: Observation of the pulse against the temperature is a very important thing in these cases. If there is very much distention an artificial anus and secondary op-

eration is all that can be done.

Axtell: There is a possibility of uncertainty in operating. When a diagnosis is made cases of fœcal impaction may be treated in other ways than by operation, high injection, etc.

Van Eman: No one will deny that in perforation and acute obstruction coming on suddenly the only hope is by operation. Many have died from neglect to open the abdomen, but those who have died from opening it would make a respectable graveyard. The first interest is not of the surgeon but of the patient. If I were required to give a single symptom indicating operation it would be a pulse out of proportion to anything else and coming on suddenly.

Stewart: From the surgical point of view a quick pulse, etc., or evidences of shock, are indications for operation. These symptoms are not always a result of perforation. In some of these cases there has been a catarrhal condition, and from some indiscretion the inflammation is increased, the lumen diminished and obstruction results. The pulse is disturbed. There may be peritonitis and all the symptoms of perforation though no such condition exists. In these cases by irrigation and cathartics we may relieve the swelling and the obstruction disappear. With such a condition what could be gained by an operation except drainage. When we can be assured that there is perforation we should not hesitate, but even here there is sometimes room for conservatism.

Lanphear: I protest against the position taken by Dr. Stewart. It is too late to wait till perforation has occurred. Better to make an exploratory laparotomy and diagnose afterward than risk the death of the patient.

Cordier: Some years ago I wrote a paper on septic absorption from paretic bowel, and said that in septic peritonitis (*post* operative) it was frequently due to septic absorption from the intestines. Chronic cases are often made acute by exacerbations and then are in every condition acute cases. Vomiting and constipation are both uncertain. Each case is an individual one. I do not agree with Dr. Lanphear. I would prefer to make my diagnosis first. If the symptoms are very urgent I would operate, otherwise I would wait. The pulse and appearance of the patient are the best guides. Ptomaines are absorbed but the bacteria may also be absorbed into the blood as we have seen in progressive sepsis. I did not refer to fœcal obstruction and would not operate unless alarming symptoms were present.

MANAGEMENT OF TRANSVERSE PRESENTATIONS—A paper by Dr. McCrea, with report of cases.

Discussion—Carson: I have attended two cases of transverse presentations in colored women.

Porter: Have had some cases among Italian women. They are low and heavy built.

Hall: We find a great many defects with colored women, especially in large, fleshy ones, and in hard labors the child seems to get into an inconvenient position. I have had some good results in preventing this position by means of a bandage during pregnancy.

Sheldon: The main question is how long should we allow the patient to remain in the knee-chest position until we resort to version. When the position of the child is ascertained we should certainly anaesthetize and turn.

McCrea: In both the cases reported the women were of low stature. The knee-chest position facilitates the possibility of the child to turn. Would not retain this position longer than one-half hour.

SALPINGITIS MEDICALLY CONSIDERED—By Dr. Glasscock: In acute cases hot or cold applications and opiates are all that is required. It is the sub-acute and chronic cases that require our attention. To relieve congestion glycerine tampons two or three times a week, light application of iodine and carbolic acid near the point of inflammation favors absorption. When any considerable amount of pus is made out of course this does not answer.

Discussion—Cordier: All gynecological work depends upon the diagnosis. If the case is chronic and pus is detected the only

means for cure is an operation.

Glasscock: My observation has been that a majority of the ovaries and tubes removed by specialists present no evidence of pyosalpinx.

HYDRAMNIA—By Dr. Carson: This occurs in one case in about 100 or 150. The cause is doubtful, usually occurring in multipara, and often in twin pregnancies. The symptoms are excessive enlargement of abdomen, swelling of limbs, constipation, etc. From investigations it is probable that it may be caused by hypertrophied kidneys. One of the dangers is the great distention of the uterus. Rupture of the membrane after some dilation has occurred is the safest plan.

A BRIEF RETROSPECT OF THE RESULTS OF PELVIC SURGERY—by Dr. M. B. Ward—completed the program of this section. This paper will be printed in full in an early number of the JOURNAL.

The following officers for this section were elected for ensuing year: Chairman, Dr. Mary Gage Day; secretary, Dr. Axtell.

SECTION ON SURGERY.

A motion by Dr. Lane that resolutions of sympathy be telegraphed to Dr. Farrar, who is seriously ill at St. Louis, was carried.

Address by the chairman, Dr. W. R. Priest.

A RARE CASE OF RETENTION OF URINE AND UNIQUE EXPEDIENT FOR EFFECTING CATHETERIZATION—By Dr. C. C. Seabrook: In this case the bladder was distended and the urethra was patulous, but it was impossible to evacuate with the catheter, only a few drops of urine being obtained. On examination this was found to be albuminous, giving on heat complete consolidation. I came to the conclusion that the contents of the bladder was nearly a mass of albumen. In order to relieve this I injected a solution containing 15 grains of pepsin with hydrochloric acid. After a time the catheter was again introduced and 12 ounces of urine easily drawn off.

FISSURE OF RECTUM—By Dr. J. E. Axtell: Many cases of fissure are not seen on account of the reluctance of patients to be examined. They recognize all these diseases of the rectum as piles. A laxative should be given and the patient anaesthetized. No instruments are needed. Place the thumbs back to back in the rectum and pull gradually until the muscles are felt to relax, then three fingers may be used. Women's muscles are weaker than men's, and injury may be done if too much force be used. In recent or slight cases no other treatment is necessary. If there is much ulceration, silver nitrate or carbolic acid should be applied.

Discussion—Seabrook: I have never found it necessary to use forcible dilation. Simply draw the edge of a knife along the bottom of the fissure.

Gant: There is no part of the rectal tract where we may not have fissure. When an ulcer or fissure is situated in the anal tract, or between the two sphincters, we always have considerable pain and contraction of the sphincter ani. The disease is easily cured by proper treatment. There is no objection to divulsion if properly done. In simple or acute cases nitrate of silver will cure, but in old cases we will find it necessary to dilate or divide the muscle.

The following papers were read before the society, but as there was no discussion we give no synopsis.

"Injuries to the Head," by Dr. A. B. Peters.

"Repair of Incomplete Laceration of the Perineum with Relaxation of the Pelvic Floor," by Dr. Adams.

"Gunshot Injuries of Brain," report of case by Dr. L. Reynolds.

"What Shall We Do for Hernia," by E. Lanphear, M.D.

"Tissue Repair," by S. E. Sheldon, M.D., was an interesting paper which we hope to publish in full.

Lane: What treatment could you use? There is no treatment but would interfere with tissue repair as the doctor has laid it down.

Sheldon: Would use as nearly none at all as possible. No chemical agents, but de-

pend altogether upon sterilized water.

Priest: We must protect tissue repair, but we have to do more than this; we must protect the patient from outside influences and antiseptics are the sheet anchor.

Dr. Marner reported a case of myxœdema which we will publish in full in another number.

GENERAL SESSION.

Society convened at 10 A.M. in general session.

The judicial council reported that resolutions should be adopted recommending to the American Medical Association a revision of the Code of Ethics, with special reference to the provision restricting the consultation of members of the association with practitioners of other schools.

A resolution was introduced to revise Art. IV. of the Constitution and by-laws so as to make the regular meeting place of the society at Topeka. This will be acted upon at the next regular meeting.

A committee appointed to report on the advisability of a medical department of the State University, reported that in their judgment such a department should be established, and that the society so recommend to the board of regents.

The nominating committee reported the following officers for the ensuing year:

President—W. R. Priest, M.D., Concordia.

Vice-President—Geo. M. Gray, M.D., Kansas City, Kas.

Corresponding Secretary—G. A. Wall, M.D., Topeka.

Treasurer—L. Reynolds, M.D., Horton.

Judicial Council—C. A. McGuire. M.D., Topeka.

Place of next meeting, Topeka.

Report was received and adopted.

The following gentlemen were elected to honorary membership: Drs. S. G. Gant, C. F. Wainwright, C. E. Ashton, and John Punton.

On motion of Dr. Minney a vote of thanks was tendered to Dr. H. A. Dykes, the Secretary of the State Board of Health, for the effort he has put forth in maintaining the law in Kansas.

The president appointed the following committee of arrangements for the next meeting: Drs. M. B. Ward, S. G. Stewart, W. E. McVey, R. S. Magee, and J. R. Fay.

Salipyrin in Menstrual Difficulties.

Burtscheid (*Deutsche Medicinal Zeitung*) obtains excellent results from salipyrin in excessive menstruation and in menstrual difficulties, even in the climacteric age, when the trouble is not dependent upon severe organic disease of the uterus. When used at the beginning of the period, salipyrin proves superior to preparations of ergot and hydrastis, as it materially reduces the duration and the quantity of the flow. He gives

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Salipyrini.....1.0 (gr. xv)

D. tal. dos. xii in capsul. amylac.

Sig.: One three times daily.—[*Condensed Extracts.*

THE proposed amendment to the constitution and by-laws making Topeka the regular meeting place of the society, is a good one and seems to meet with general favor. Topeka is easily reached from all parts of the state, and the attendance here is always large.

PHYSICIAN—"Twelve glasses of brandy a day! Why, have you any coat at all left to your stomach?"

Patient—"Ain't so certain about that, but I know I haven't one left to my back.—*Ph. Era.*

Two hundred and twenty-five new cases of cholera were reported in Lisbon on April 25, 1894.